



## **Managed Care Readiness – Monthly Report September 2006**

**Delivered to the State of Maine DHHS on October 15, 2006**

This report provides an overview and update regarding the Managed Care Readiness Review initiative for the state of Maine. In collaboration with the Maine Department of Health and Human Services, Beacon Health Strategies has successfully completed an implementation process for launch of Managed Care Readiness Review, effective Saturday, July 1, 2006.

### **I. SERVICE REVIEW PROCESS**

Service Review procedures, as described in the Provider Manual, have continued for the following services.

- Outpatient Services for adults who are also receiving community support and/or PNMI services, up to a maximum of 10,000 members.
- Community Support Services (CI, ICI, ACT)
- Hospital Services (mental health and substance abuse only)
- Psychiatric Facility Services (provided by private psychiatric facilities in Maine and out of state)
- PNMI (behavioral health only; Appendix B, D, and E facilities only)
- ICM Service Reviews for adults began on August 1, 2006

### **Service Reviews completed in September**

Inpatient	206
PNMI	58
Community Support Services	168
Outpatient Services	28
65 M&N	809
Total for September	1,269

The number of providers participating in service review has seen significant growth:

- Provider participation increasing - 40% increase in reviews August over September.
- 100% of hospitals have completed at least one service review
- 61% of PNMI programs are participating in Service Review
- 70% of community support providers are or will be are participating in Service Review

Beacon has introduced clinical level of care guidelines as a guide to service reviews and as part of managed care readiness. For the period July through September, across all levels of care, 10.63% of cases reviewed as part of Service Review did not meet level of care. Some more specific highlights from two high profile services include:

- Community Support Services: 544 cases reviewed, 18.01% did not meet level of care
- Inpatient: 489 Cases reviewed, 4.09% did not meet level of care



This represents a number of opportunities for continued work with providers including additional level of care education, identification of gaps in available services for members to transition to as they move through the levels of care, and others.

### **Provider Participation**

**A. Community Support and Outpatient Services:** There are 17 Community Support Services (CSS) providers and 3 Outpatient providers that are actively participating in the Service Review (SR) process. Nine CSS providers have indicated that they will begin the Service Review process soon. All three DHHS ICM teams are committed to participating in service reviews. Two of the three ICM regional teams have begun service reviews, and the third team is planning to conduct reviews in October. Follow up phone calls and meetings are taking place with providers to encourage full participation. The online service review for Outpatient reviews is being demonstrated at the October provider meetings, and is being promoted as another avenue for providers to conduct the reviews.

#### **Continuous Outreach Plan**

1. Continue to emphasize importance of participation at the October Regional Provider Meetings.
2. Follow up letter and phone call to the Directors/CEO's of the agencies.
3. Continue face to face meetings with Provider leadership

**B. Inpatient and PNMI Services:** Beacon has met with 9 hospitals since June 1, 2006. All hospitals with psychiatric units are participating in Service Reviews.

There are 25 agencies participating in the PNMI Service Review process. Several agencies have multiple PNMI's at different locations that are engaged in the Service Review process.

#### **Continuous Outreach Plan**

1. We continue to contact all PNMI providers via letter or outreach call to assist in increased participation in the SR processes.
2. Service Review trainings were held with the staff of two PNMI providers, SMART Child & Family Services and NFI North. Beacon received positive feedback at both trainings, which also resulted in increased participation in the SR processes post training.

## **II. 65 M&N**

The implementation of the 65M&N Services reached a significant milestone by the end of September. September 29<sup>th</sup> was the final day that children being served in the legacy In-Home and Community Support Programs could transition into the new services, in an administratively streamlined fashion. Reviews conducted by Beacon clinicians increased from 420 in August to 809 in September. Much of the increase in reviews was due to the "last minute rush" of cases transitioning into 65M&N Services.



Beacon clinicians continue providing extensive education, support and consultation to providers, DHHS staff and families regarding 65M&N services. In addition to explaining the new services, Beacon clinicians provide care management to ensure that children and families are referred to the most appropriate services and to eliminate duplication of service.

One denial of service for a new referral to 65M&N services was recommended by Beacon to DHHS. The Beacon clinician worked closely with DHHS to ensure that appropriate treatment options were available to the child. The parent was satisfied that other treatment options would meet the child's needs, and withdrew the referral for 65M&N Services. As a result, no formal denial of services was issued.

One grievance was filed by a parent of a child involved with 65M&N Services. The grievance was filed based on a misunderstanding by the parent and after extensive discussion and planning with the parent and DHHS the parent chose to withdraw the grievance.

Beacon clinical staff continued to conduct trainings for DHHS-Child Welfare staff on the 65M&N referral process in partnership with DHHS-Children's Behavioral Health staff.

Beacon staff effectively use Beacon's clinical IT system (FlexCare) to conduct reviews, and complete authorizations for service. In addition, Beacon administrative staff members enter authorizations into MECMS daily. Even though Beacon has 5 business days to complete a review, both Beacon clinicians and administrative staff work hard to maintain a 24-hour turnaround time for both review and authorization completion, from the time the required data is submitted to Beacon.

### **III. PROVIDER AND STAKEHOLDER MEETINGS**

During the month of August, staff for Beacon and DHHS organized several individual and larger provider trainings and forums, as well as meetings with various stakeholder groups. These meetings provided an overview of Beacon Health Strategies and the Maine Managed Care Readiness initiative. The following provider forums were accomplished in September:

#### **Provider Meetings**

- Crisis and Counseling Centers
- Common Ties
- Downeast Hospital
- Ingraham
- Machias Community Health
- MaineHealth & Spring Harbor (integration project presentation)
- NFI North
- SMART Child and Family Services
- Tedford Shelter
- Tri-County Mental Health Services



#### Provider Meetings or Outreach scheduled for October

- Casey Family Services
- Community Counseling Center
- Kennebec Valley Mental Health Association
- Mercy Hospital
- Northern Maine Medical Center
- OHI
- Southern Maine Medical Center
- Spurwink
- Sunrise Opportunities
- Sweetser
- Youth and Family Services
- UCP

Weekly meetings are held between Beacon, Office of MaineCare Services, and CBHS specific to 65 M&N services.

#### Regional Provider Forums

Region I: September 7, 2006 2:00-4:00pm DHHS Marginal Way, Portland  
Region II: September 14, 2006 2:00-4:00pm Best Western-Senator Inn, Augusta  
Region III: September 21, 2006 2:00-4:00pm WINGS, 900 Hammond Street, Bangor

#### Upcoming Provider Forums

Region I: October 5, 2006 2:00-4:00pm DHHS Marginal Way, Portland  
Region II: October 12, 2006 2:00-4:00pm Civic Center Drive, Augusta  
Region III: October 19, 2006 2:00-4:00pm WINGS, 900 Hammond Street, Bangor

#### **IV. DHHS TRAINING**

Beacon will schedule follow up meetings with DHHS staff regarding the ICM service review results in November. These meetings were originally planned for early October, but additional time is needed to allow all ICM teams to complete planned reviews

#### **V. STAFFING AND FACILITIES**

Beacon is pleased to announce that 16 clinical and administrative positions have been filled. A CADAC/LCSW clinician for the IP and PNMI team started on September 25<sup>th</sup> and a contracts manager started on October 2<sup>nd</sup>. One Clinical Advisor position remains open.

#### **VI. INFORMATION TECHNOLOGY**

A number of IT tasks were successfully completed including the following:

- Designed web-based system for tracking PNMI utilization
- Designed web-based system for tracking utilization of non-categorical members use of outpatient services
- Established a process for Maine providers to access Beacon's e-Services.



Members of the Beacon management team to continue to work closely with DHHS IT staff, to test the 65M&N and other provider files.

**Current Status, Challenges and Next Steps (up through October 15, 2006):**

<b>Issue</b>	<b>Comment</b>	<b>Required Action</b>
65 M&N Provider Report – Provider ID Verification & Missing Provider ID Numbers	Beacon has received the EISORGID# and EISORGLOCATIONID# from Rick. Two new providers were added as of this week. We need these ID#'s in order to load them into FlexCare.	<b>Beacon has asked Rick to please verify the providers and associated ID numbers and to provide the EISORGID#'s and/or EISORGLOCATIONID#'s for those providers who do not have one.</b>
Tracking Process for Non-Categorical Members	The tracking process for Non-Categorical members has not been used by providers. Beacon has suggested developing an additional method whereby providers could “batch” the required info and send it. This is outlined in a separate memo and was delivered to DHHS on September 6, 2006.	<b>Beacon developed a specification document and business rule and sent it to 3 providers (1 in each region) who are participating in the pilot project.</b>
Full Provider File Report	A Provider Directory Questionnaire (PDQ) was sent to all providers on September 5 <sup>th</sup> . Providers had until 10/6 to respond, but a follow up letter is being sent to those providers who have not responded. Once the PDQ process is completed and the provider file is created, quality checked, and deemed complete, Beacon will forward the data file back to DHHS. After the review of the 65M&N provider report is complete, Beacon will generate a site specific listing of all providers with their corresponding EISORGID# and EISORGLOCATIONID#. We will ask DHHS to verify the providers and associated ID numbers to ensure that none are missing. In these cases we will ask DHHS to provide the proper ID#'s so we can load them into FlexCare. Rick H requested additional fields to be added to the provider list we sent. This was done and sent on 8/1/06.	<b>PDQ is ongoing</b>  <b>Awaiting response from Rick H / DHHS</b>
65 M&N EIS / FlexCare Feeds	One round of testing has been completed by Beacon and DHHS. Given that more business rules were implemented, it was agreed that another round of files will be tested before going into production. Additionally a plan is currently being outlined to put it into production.	<b>Beacon sent an error report file to DHHS on 10/11/06 based on the specification received from DHHS on 10/6/06. Awaiting response from Rick H. / DHHS.</b>



## **VII. MEMBER OUTREACH**

Beacon staff members attended a meeting with the Office of Adult Mental Health Services Consumer Advisory Group and also met with a representative of the Advocacy Initiative Network. Beacon continues to attend DHHS sponsored Member/Family meetings as indicated. Outreach efforts are underway to meet with consumer and family stakeholder groups to develop a Consumer led conference. Beacon will explore ways to make information available through its web site directly to consumers and to talk about managed care readiness activities. Individual family meetings are ongoing (Related to 65M&N, with regional DHHS offices). Beacon has scheduled a meeting with the Parent Advisory Group in October.

## **VIII. CONTINUED IMPLEMENTATION AND PROGRAM ACTIVITIES**

- A. Beacon clinical staff members continue the Service Review process. There was a 40% increase in the number of reviews completed in September, compared to August. To ensure maximum participation in the Service Review process, Beacon continues to conduct intensive outreach to providers. These outreach activities include:
  - Broadcast emails to all provider organizations
  - Monthly region-based provider meetings
  - Creation and distribution of Service Review aggregated data to participating providers
  - Continued meetings with individual provider organizations
- B. Reporting for the Service Review process and other activities has been completed. A production schedule is outlined on the revised Rider A. The monthly reports for September were delivered under separate cover.